

**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**


To Commissioner For Patents

Please enter the following submission and withdraw the finality of the proceeding office action or withdraw any pending appeal and reopen prosecution before the Examiner.

Applicant Number	09/461,984
Filing Date	December 15, 1999
First Named Inventor	Jin Lu
Group Art Unit	2136
Examiner Name	Brandon S. Hoffman
Attorney Docket Number	A 23,890


This is an RCE under 37 C.F.R. § 1.114 of the above-identified application (which is made prior to: payment of issue fee; abandonment; notice of appeal to the CAFC; or commencement of civil action under 35 U.S.C. 145 or 146.)

1. **Submission required under 37 C.F.R. § 1.114**a. ☒ Previously submittedi. ☒ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on January 31, 2005
Any unentered amendment(s) referred to above will be entered).ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____iii. ☐ Other _____b. ☐ Enclosedi. ☐ Preliminary Amendmentii. ☐ Affidavit(s)/Declaration(s)iii. ☐ Information Disclosure Statement (IDS)iv. ☐ Other _____ (may not be a brief)2. **Miscellaneous**a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (May not exceed 3 months; Fee required per 37 C.F.R. § 1.117(i))b. ☐ Other _____3. **Fees**a. ☒ The Commissioner For Patents is hereby authorized to charge all required fees except the issue fee or credit any overpayments, to Deposit Account No. 14-1270**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Name (Print Type)	Daniel J. Plotrowski	Registration No. (Attorney/Agent)	42,079
Signature		Date	3/11/05

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Mail Stop RCE, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office toll-free: (703) 872-9306 on the date below:

Name (Print Type)	Edna Chapa
Signature	

02/17/2005 SHARSEN 00000001 41270 09461984

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

09/461984

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	17 minus 20 =	
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

8-11-04

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	18	Minus 17	= 0
Independent	5	Minus 4	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE <input type="checkbox"/>		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	86
+145=		OR	+290=	
TOTAL		OR	TOTAL	86
ADDIT. FEE		OR	ADDIT. FEE	

2/2/05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	23	Minus 20	= 3
Independent	5	Minus 5	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	54
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus 23	=
Independent		Minus 5	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" ON THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.